STEVEN L. BESHEAR GOVERNOR



ROBERT D. VANCE SECRETARY

COMMONWEALTH OF KENTUCKY

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET

OFFICE OF MINE SAFETY AND LICENSING P.O. BOX 2244 FRANKFORT, KENTUCKY 40601 TELEPHONE: (502) 573 – 0140

APPLICATION FOR CERTIFICATION FROM ASSISTANT MINE FOREMAN TO FIRST CLASS MINE FOREMAN

Instructions: When you have accumulated a total of five years of underground experience required for a

First Class Mine Foreman, please complete this form giving us the details of your experience after you received your Assistant Mine Foreman Certification. Name ____ Date of Birth Social Security No. (Street Address) (State) (Zip Code) Assistant Mine Foreman No. Date of Certification Place of Examination Date of Examination RECORD OF UNDERGROUND MINING EXPERIENCE SINCE RECEIVING YOUR ASSISTANT MINE FOREMAN CERTIFICATION: From Month/Year Month/Year Address Company **Job Duties** KRS 351.990 (1) provides that any person who knowingly makes any false statement, representation, or certification in any application, record, report, plan or document filed or required to be maintained pursuant to KRS 351 or any order or decision issued thereunder, shall, upon conviction, be punished by a fine of not less than five hundred (500) dollars nor more than ten thousand (10,000) dollars or by imprisonment for not more than six (6) months, or both. I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. APPLICANT'S SIGNATURE To be completed at District Office



Breath alcohol screening test results \square negative \square positive \square Identification verified through photo ID

If positive, results of a confirmation breath alcohol test must recorded on a form BATF-1 and attached.